



COMMONWEALTH of VIRGINIA

DEPARTMENT OF AVIATION

5702 GULFSTREAM ROAD
RICHMOND, VIRGINIA 23250-2422

ACIP PROJECT GRANT APPLICATION

AIRPORT NAME

PROJECT DESCRIPTION

ATTACH A COPY OF THE BID TABULATION OR THE PROPOSALS WHICH WERE RECEIVED AS A RESULT OF YOUR ADVERTISEMENT.

PLANNING DISTRICT NOTIFICATION DATE: _____

PROJECT BUDGET SUMMARY

FEDERAL FUNDS	\$ _____
STATE FUNDS	\$ _____
SPONSOR FUNDS	\$ _____
OTHER FUNDS	\$ _____
TOTAL FUNDS	\$ _____

CAPITAL IMPROVEMENT PROJECT COST BREAKDOWN

ADMINISTRATIVE EXPENSE	\$ _____
PLANNING	\$ _____
PRELIMINARY ENGINEERING	\$ _____
LAND, RIGHT-OF-WAY ACQUISITION	\$ _____
ARCHITECTURAL FEES	\$ _____
ENGINEERING BASIC FEES	\$ _____
PROJECT INSPECTION FEES	\$ _____
CONSTRUCTION, PROJECT IMPROVEMENT	\$ _____
EQUIPMENT ACQUISITION	\$ _____
MISCELLANEOUS COST AND FEES	\$ _____
 TOTAL CUMULATIVE COST	 \$ _____

NAME OF OFFICIAL (PRINT OR TYPE)

DATE

SIGNATURE

() _____
TELEPHONE NUMBER